

**INDIANA STATE BOARD OF DENTISTRY
DENTAL LICENSURE
APPLICATION BY ENDORSEMENT
INFORMATION AND INSTRUCTION SHEET**

Before completing and submitting your application to our office, please read all materials and information included.

APPLICATION AND INFORMATION TO DOWNLOAD

Applicants must download the following documents and information from the website at www.pla.in.gov:

1. Application for License to Practice Dentistry or Dental Hygiene
2. Certificate of Completion Form
3. Verification of Licensure Form
4. Information and Instruction Sheet
5. Criminal Background Check Information
6. Statutes and Administrative Rules which pertain to the practice of dentistry and dental hygiene
7. State Application for Indiana Controlled Substances Registration
8. Instructions for Indiana Controlled Substances Registration Application

AGENCY ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency
Attn: State Board of Dentistry
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Staff Phone: (317) 234-2054
FAX #: (317) 233-4236
Website: www.pla.IN.gov
Staff Email: pla8@pla.IN.gov

CRIMINAL BACKGROUND CHECK REQUIRED AS OF JULY 1, 2011

Pursuant to Senate Enrolled Act 363 an individual applying for a dental license with a postmark of July 1, 2011 or after shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check.

Criminal background checks must be obtained after you apply for your dental license with the Board and prior to the issuance of a license.

The directions are located on pages 8 and 9 and on our website at www.pla.in.gov.

JURISPRUDENCE EXAMINATION

All applicants for dental licensure are required to pass a jurisprudence examination. No applicant is exempt from this requirement.

After the approval of your application by the Board, you will be notified by email that you are eligible to take the jurisprudence examination. Upon notification from you that you are ready to take the jurisprudence examination, the examination and instructions will be emailed to you. You will have fourteen (14) days from the date the email is sent to you with the Jurisprudence

Examination and Instructions in order to complete the examination and return the required information to our office.

All applicants will be examined on the statutes and rules of Indiana related to the practice of dentistry and dental hygiene, universal precautions, and infectious wastes. This is a 50 question true-false and multiple-choice examination. Passing criteria is 75%. Statutes and Administrative Rules are available to download at www.pla.IN.gov.

The jurisprudence examination is based on the following:

IC 25-13 Dental Hygiene Law

IC 25-14 Dental Law

IC 25-1 Professional Licensing Agency General Provisions

Title 828 IAC Dental and Dental Hygiene Rules

Title 410 IAC 1-3 and 1-4 Infectious Waste and Universal Precautions

TRANSCRIPTS, EXAMINATION SCORE REPORTS & STATE VERIFICATIONS MUST BE SENT DIRECTLY FROM EACH ENTITY

The Board will not be able to accept any transcripts, examination score reports or state verifications directly from the applicant. All transcripts, examination score reports and state verifications must be sent directly from those entities.

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Your social security number is being requested by this state agency in accordance with IC 4-1-8-1, 25-1-5-11(a), and 828 IAC 1-3-1.1(c). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

ABANDON APPLICATIONS

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

CONTROLLED SUBSTANCE REGISTRATION (CSR)

The application for a CSR and instructions are available on the Board's website at www.pla.IN.gov. Please read the CSR instructions on how to complete the form and the fee required.

Applicants must have an active Indiana dental license before they can obtain an Indiana CSR. Dentists must hold one CSR in order to prescribe controlled substances in the State of Indiana. An additional, separate registration is required for each practice address at which a dentist physically possesses controlled substances to administer or dispense. A separate registration is

NOT required for each place where a dentist merely prescribes controlled substances. One valid CSR is sufficient for a dentist to prescribe controlled substances throughout the State.

Applicants must use an Indiana practice address when applying for a CSR. The CSR can only be mailed to the address submitted on the application. A CSR will only be issued to a street address; post office boxes will not be acceptable unless accompanied by a street address. An application with an incomplete or out of state address will be returned. Dentists must notify the Indiana Professional Licensing Agency in writing of any change of address.

Applicants may apply for a CSR at the same time they apply for their dental license. However a CSR will not be issued until the applicant has met all criteria as listed within the CSR Instructions.

DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA applications may be obtained by contacting the following address or telephone number:

DRUG ENFORCEMENT ADMINISTRATION
575 North Pennsylvania Street #290
Indianapolis, Indiana 46204
(317) 226-7977

ANESTHESIA AND SEDATION PERMITS

State law requires that dentists hold a permit to administer general anesthesia, deep sedation, or light parenteral conscious sedation. Applications are available on the Board's website at www.pla.in.gov.

ISSUANCE OF LICENSE

Upon issuance of your license by the Board, you will be sent an email notifying you that your license has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

Indiana Code 25-14-1-10(b) and 828 IAC 4-3-5(c) requires that a dental license shall be properly displayed at all times in the office of the person named as the holder of the license, and a person may not be considered to be in legal practice if the person does not possess the license and renewal card.

Therefore, you must either download the free license card or purchase a blue license card to post. Dental staff cannot print license cards to be mailed or for walk-ins to our office. .

This service will be available at "Services.IN.gov/License Express" on our website at www.pla.IN.gov.

LICENSE EXPIRATION AND CONTINUING EDUCATION

All dental licenses expire on March 1st of even numbered years. Practitioners are required to have completed twenty (20) hours of continuing education per renewal period and to show proof of a two (2) hour program which covers the following subjects: Ethics, professional responsibility and the Indiana Statutes and Administrative Rules.

You are not required to complete continuing education within the renewal period of which your license is issued.

Information regarding the continuing education requirement is available at the Board's website at www.pla.IN.gov. Or you may contact our office by calling (317) 234-2054 or by email at pla8@pla.IN.gov.

**DENTAL LICENSURE
APPLICATION BY ENDORSEMENT
INSTRUCTION SHEET**

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
ATTN: State Board of Dentistry
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Completed, typewritten (or legibly printed), application.

AFFIDAVIT

If you answer "yes" to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. The notarized statement must include the following:

- (1) The offense of which the applicant was convicted.
- (2) The court in which the applicant was convicted.
- (3) The cause number under which the applicant was convicted.
- (4) The penalty imposed by the court.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding your conviction.

CRIMINAL BACKGROUND CHECK REQUIRED

All applicants applying for a dental license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on pages 8 and 9.

A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.

The directions on how to complete the fingerprinting process are located on pages 8 and 9 and on our website at www.pla.in.gov.

FEE INFORMATION

Applicants must submit a **two hundred fifty dollar (\$250.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable.

ALL FEES ARE NON-REFUNDABLE OR NON-TRANSFERABLE

PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken within eight (8) weeks before filing of the application. Please sign each photo at the bottom. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or

color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL TRANSCRIPTS

Applicants must submit official transcript, **sent directly to the Board from the school**, certifying the date the degree was conferred.

NATIONAL BOARD DENTAL EXAMINATION SCORE REPORT

Applicants must submit an official score report from the National Board Dental Examinations, **sent directly to the Board from the National Boards**, showing passing scores in all sections of the examination. Contact the National Board for information on how to obtain your score report and fee information at:

Joint Commission on National Dental Examinations
American Dental Association
Department of Testing
National Board Score Reports
211 East Chicago Avenue, Suite 600
Chicago, IL 60611
800-232-1694
Telephone: (800) 232-1694 or (312) 440-2811
Website: www.ada.org

CLINICAL EXAMINATION REQUIREMENT

To be eligible for licensure by examination, an applicant must pass all parts of one (1) of the following examinations. **Please have your score report sent directly to the Board from one of the entities listed below:**

1. **NORTH EAST REGIONAL BOARD OF REGIONAL DENTAL EXAMINERS (NERB)**
8484 Georgia Avenue, Suite 900
Silver Spring, Maryland 20910
Telephone: (301) 563-3300
FAX: (301) 563-3307
Website: www.nerb.org
2. **CENTRAL REGIONAL DENTAL TESTING SERVICE EXAMINATION (CRDTS)**
1725 SW Gage Blvd.
Topeka, Kansas 66604-3333
Telephone: (785) 273-0380
FAX: (785) 273-5015
Website: www.crdts.org
Email: info@crdts.org
3. **SOUTHERN REGIONAL TESTING AGENCY EXAMINATION (SRTA)**
4698 Honeygrove Road, Suite 2
Virginia Beach, Virginia 23455-5934
Telephone: (757) 318-9082
FAX: (757) 318-9085
Website: www.srta.org
Email: help@srta.org
4. **WESTERN REGIONAL EXAMINING BOARD EXAMINATION (WREB)**
23460 N. 19th Avenue, Suite #210
Phoenix, Arizona 85027
Telephone: (602) 944-3315
FAX: (602) 371-8131
Website: www.wreb.org
Email: dentalinfo@wreb.org
5. **STATE OR CANADIAN PROVINCIAL CLINICAL LICENSING EXAMINATION**
The applicant must have satisfactorily completed a state or Canadian province clinical licensing examination having and maintaining a standard of examination for licensure and laws regulating the practice of dentistry within that state or province that is substantially

equivalent to the examination and licensing requirements of Indiana. The state or Canadian province must provide the clinical examination subject and scores to the Board with the verification of licensure.

BASIC LIFE SUPPORT (BLS) OR ADVANCED CARDIAC LIFE SUPPORT (ACLS) CARD

Applicants are required to submit a copy of your current BLS and/or ACLS certification card. Make sure that your signature is on the card.

THREE (3) REFERENCE LETTERS

Applicants are required to submit reference letters from three (3) practicing dentists, on their official letterhead/stationary, verifying the applicant's active, moral, and ethical practice of dentistry. The statements must be originals and dated and have been written not more than **eight (8) weeks** before the submission of the application. **Reference letters must be sent directly to the Board by the dentist that authored the letter.**

CONTINUING EDUCATION – TWENTY (20) HOURS

Applicants are required to submit proof of twenty (20) hours of continuing dental education taken in the previous two (2) years. No more than two (2) hours of training in basic life support shall count toward this requirement. Copies of certificates, letters from programs and/or transcripts are required.

PROOF OF PRACTICE

An applicant for licensure by endorsement must have practiced dentistry for at least two (2) out of the three (3) years preceding the date of application.

“Practice of dentistry” means that the applicant has actively engaged in clinical patient contact for at least an average of twenty (20) hours per week for two (2) years. A maximum of one (1) year of the two (2) year requirement may have been in postdoctoral training in a program approved by the board.

Applicants are required to state on Page 2 of the Licensure application the Name and Address of Employer/Self-Employment, Responsibilities, Hours worked per week and dates of employment.

VERIFICATION OF STATE LICENSURE

Applicants must provide a “Verification of State Licensure” form from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license.

If a state examination was administered, please have the state board attach the examination subjects and scores to the verification of licensure form. The information must be sent by the state or province that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification.

NATIONAL PRACTITIONER DATA BANK AND HEALTHCARE INTEGRITY AND PROTECTION DATA BANK

Applicants who are now or have been licensed to practice dentistry in another state or jurisdiction must submit a report from the (1) National Practitioner Data Bank (NPDB) and (2) Healthcare Integrity and Protection Data Bank (HIPDB).

Please contact the NPDB/HIPDB to request a self-query report. All self-query report applications must be requested electronically through the NPDB-HIPDB Web site listed below. A fact sheet on self-querying is located on the website. Please review this helpful information on how to

obtain the reports. An \$8.00 fee will be assessed for each data bank report for a total of \$16.00. All self-query fees must be paid by credit card (VISA, MasterCard, Discover, or American Express).

Once you receive your reports from the Data Bank, please forward the reports to the Professional Licensing Agency.

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, Virginia 20153-0832
Website: www.NPDB-HIPDB.hrsa.gov
Customer Service Center: 1-800-767-6732

NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

Fingerprinting in Indiana

Professional Licensing Agency

A criminal background check (CBC) completed prior to the submission of an application for licensure will not be considered valid. If an application is not received by IPLA **before** scheduling a CBC, the applicant will be required to submit to another check **resulting in additional fees**.

Follow the simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to www.L1enrollment.com and choose Indiana.
2. If you do not have access to the internet, you may call us toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.
3. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
4. Enter your first and last name and click "go".
5. Choose your Agency Name **Professional Licensing Agency** and click "go".
6. Choose the correct **Applicant Category** for your license type and click "go".
7. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press "go".
8. Click on the words "Click to Schedule" across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the "Next Week>>" link to display more dates. Once you select the location/date combination, select the time for your appointment and click "go".
9. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click "Send Information".
10. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click "Send Information".
11. Complete your payment process and click "Send Payment Information".
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring **one** of the following with you to your fingerprinting appointment: valid driver license, valid state issued identification card, valid passport, student identification card with picture and date of birth (DOB), work identification card with picture and DOB, valid alien identification card

with picture and DOB. If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.

14. Arrive at the facility at your appointed date and time.

15. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.

16. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.

17. All results will be processed and delivered to the Indiana Professional Licensing Agency. L-1 is never in possession of criminal record data results.